

Self-Employed Disability Claim Statement

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

Business Information

Business Name

Type of Business

Business Address

Years in Operation

Average Annual Income

Disability Details

Date Disability Began

Nature of Disability

Describe Your Disability and How It Affects Your Ability to Work

Last Date Worked

Medical Provider Information

Physician/Treatment Provider Name

Contact Information

Additional Information

Additional Comments

Signature

Date